STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077		
1. TITLE OF NEWSPAPER THE Groton Independent 2. DATE		
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3B. ANNUAL SUBSCRIPTION		
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers) IRC2 11 1St St-Stein, Gioton SD 57445		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers) 110 N. Lucishing, ton St, Gioton SD 57445		
6. FULL NAME OF PUBLISHER: Paul Irvin Kosci		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the		
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name		
and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS		
Next Generation Publications, Inc. 110 N Washington ST, 6:		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form.		
	AUCDACE NO CODIES	p
	AVERAGE NO. COPIES EACH	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	ISSUED PRECEDING 12	ISSUED NEADEST TO EN DIC DATE
	MONTHS	NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	350	250
B.PAID AND/OR REQUESTED CIRCULATION		· Anni,
 Sales through dealers and carriers, street vendors and 	24	37
counter sales.	() I	- 3/
Mail Subscription (Paid and or requested)	250	206
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	200	200
(Sum of 9B1 and 9B2)	1 284	243
D.FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	Q'	φ
2. SAMPLES, COMPLIMENTARY AND OTHER FREE		4
COPIES	4	7
E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)	28.7	243
F. COPIES NOT DISTRIBUTED	1. 1	-7
1. Office use, left over, unaccounted, spoiled after printing	(0)	
2. Return from News Agents	Bal.	
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	350	25C
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements/made by me are true, correct, and complete:		
1- 1		
and first office Manager		
Tiver fasel Office Manager (Title)		
Sworn to before me this 3 day of 100. , 20 10		
State of South Dakota)	Sworn to beloke me this	
§ .	- Want XKDU	
County of Bic Notary Public		
My commission expires:		
(Seal)		